Application Data Sheet

Application Information

Application number::

Filing Date::		
Application Type::	Regular	
Subject Matter::	Utility	•
Suggested classification::		" Y
Suggested Group Art Unit::		
CD-ROM or CD-R?::	None	
Number of CD disks::		
Number of copies of CDs::		
Sequence submission?::	e e	
Computer Readable Form (CRF)?::		
Number of copies of CRF::	100 100	* *,
Title::	DATA COMPACTION AND I	PIN ASSIGNMENT
Attorney Docket Number::	003921.00135	ė
Request for Early Publication?::	NO	
Request for Non-Publication?::	NO	
Suggested Drawing Figure::		
Total Drawing Sheets::	14	
Small Entity?::	NO ,	•
Latin name::		
Variety denomination name::		
Petition included?::	NO	
Petition Type::		
Licensed US Govt. Agency::	*	
Contract or Grant Numbers::		
Secrecy Order in Parent Anni ?"	NO	

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	•
Status::	Full Capacity
Given Name::	Gilles
Middle Name::	*
Family Name::	LAURENT
Name Suffix::	
City of Residence::	•
State or Province of Residence::	··
Country of Residence::	v .
Street of mailing address::	
City of mailing address::	`
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	
* * * * * * * * * * * * * * * * * * * *	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	
Status::	Full Capacity
Given Name::	Philippe
Middle Name::	
Family Name::	DIEHL
Name Suffix::	÷
City of Residence::	
State or Province of Residence::	•
Country of Residence::	
Street of mailing address::	110
City of mailing address::	

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Status::

Full Capacity

Given Name::

Frederic

Middle Name::

Family Name::

REBLEWSKI

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number::

22907

Representative Information

Representative Customer Number::

22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
*		y •	

Foreign Priority I	nformation		,
Country::	Application number::	Filing Date::	Priority Claimed::
		**	
•			·

City of mailing address::

Country of mailing address::

State or Province of mailing address::

Postal or Zip Code of mailing address::